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Atty. Dkt. No. 035451-0180 (3728.Palm)

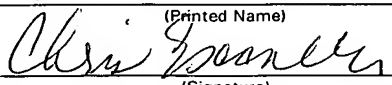## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Lee et al.

Title: DISPLAY EXPANSION
               METHOD AND APPARATUS

Appl. No.:   To Be Determined

Filing Date: 2/28/02

Examiner: To Be Determined

Art Unit: To Be Determined

UTILITY PATENT APPLICATION
TRANSMITTAL

Commissioner for Patents
Box PATENT APPLICATION
Washington, D.C. 20231

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

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Enclosed are:

[X]   Specification, Claim(s), and Abstract (18 pages).

[X]   Informal drawings (5 sheets, Figures 1-6).

[X]   Declaration and Power of Attorney (2 documents, 6 pages and 5 pages).

[X]   Assignment of the invention to Palm, Inc. (2 documents, 5 pages and 4 pages)

[X]   Assignment Recordation Cover Sheet.

[X]   Check in the amount of $40.00 for Assignment recordation.

[ ]   Small Entity statement.

[ ]   Request for application not to be published with certification under 35 USC 122(b)(2)(B)(i).

[ ]   Information Disclosure Statement.

[ ]   Form PTO-1449 with copies of ___ listed reference(s).

[X]   Application Data Sheet (37 CFR 1.76).

The filing fee is calculated below:

	Claims as Filed	Included in Basic Fee	Extra Claims	Rate		Fee Totals
Basic Fee				$740.00		$740.00
Total Claims:	29	- 20	= 9	x $18.00	=	$162.00
Independents:	4	- 3	= 1	x $84.00	=	$84.00
If any Multiple Dependent Claim(s) present:				+ $280.00	=	$0.00
				SUBTOTAL:	=	$986.00
[ ]	Small Entity Fees Apply (subtract ½ of above):				=	$0.00
				TOTAL FILING FEE:	=	$986.00

[X]   A check in the amount of $986.00 to cover the filing fee is enclosed.

[ ]   The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.

[X]   The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1447. Should no proper payment

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be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1447.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date *February 28, 2002*   By _____

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